

Public Disclosure
PAW-TAW October 2013



WISCONSIN DEPARTMENT OF
CHILDREN AND FAMILIES

Contacts

Child Welfare Policy Program Section

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eWisacwis

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Overview

Act 78

When is it required?

Process

Timelines

- The agency must gather all information available about the incident and report the incident within **two business days** of becoming aware of the incident.
- DCF must review each qualifying case and provide a 90-Day Summary Report to the Governor and appropriate standing committees.
 - To be completed by county **60 days from verification.**
 - Final Summary from DCF is due at 90 days.

eWisacwis

- February 2011 – Added the Serious Incident Notification page.
- June 2012 - Added the ability to create after the assessment has been approved.
- June 2013 – 90 Day Summary report added.

Creating the Serious Incident Notification

There are 4 ways it can be created:

- Access
- Assessment
- Out of Home Placement
- Stand alone

At Access

Allegation (Access Report) -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Allegation

Alleged Victim: Jones, Mary

[AM Relationship to Victim](#) Biological Parent(s)

Abuse/Neglect Code: Physical Abuse

[Description](#)

Date of Maltreatment

Alleged residence

Serious

☒ De

☐ De

☐ Se

☐ Egregious incident [Details](#)

[DCF memo 2010-01](#) [Act 78](#)

Please complete the Serious Incident Report under the Options dropdown.

Close

Continue Close

At Access

eWiSACWIS		TM Print Spell Check Help
Access Information		
Report Name: Jones, Sally	Worker: Cake, Caitlin M.	Access Report Type: CPS Report
Date and Time Report was Received: 05/01/2013 11:11 AM PM	R/T: Within 5 business days	ID: 9238754

Narrative	Participants	Allegation	Allegation Narr	Prior Involvement	Decision
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Narrative

Describe alleged maltreatment: current and past; the surrounding circumstances; and the frequency; or intervention or services needed for the child.

[More...](#) [Less...](#) [Default](#)

Describe the child(ren)'s injury or conditions as a result of the alleged maltreatment or services needed.

[More...](#) [Less...](#) [Default](#)

Describe the child(ren)'s current location, school / daycare including dismissal time, functioning, including special needs, if any, and highlighting current vulnerability.

[More...](#) [Less...](#) [Default](#)

Are there any present danger threats? ([See Related Appendix](#)) ☐ Yes ☒ No

[If yes, include a description of possible or likely emergency (exigent) circumstances.]

Document relevant information from CPS history, CCAP and Sex Offender Registry-Reverse Address checks (if no relevant information found,

At Assessment

- A child fatality may not be reported as a fatality in more than one CPS initial assessment. The assessment that follows an Access Report of the death of a child should only have one CPS Report with a checked fatality indicator and one Initial Assessment with a fatality indicated.
- If during the initial assessment a new allegation of abuse or neglect is reported that resulted in serious injury or death or qualifies as egregious abuse or neglect, a new CPS report should be created documenting this allegation. DCF must be notified via the Serious Incident Notification page launched from the Options drop-down.

At Assessment

Allegation (Assessment) -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Allegation

Alleged Victim: Mary Jones

Abuse/Neglect Code: Neglect

Description: Bruising

Determination: Pending

Date or Approximate Date of Alleged Maltreatment: 02/01/2012

Alleged Victim received medical treatment as a result of this alleged maltreatment: ☒ Yes ☐ No

Alleged Maltreatment occurred while the child's residence was an OHC placement: ☐ Yes ☒ No ☐ Unknown

Serious Incident: ☒ Yes ☐ No

☒ Death / Alleged maltreatment [Details](#)

☐ Death / Alleged suicide OHC

☐ Serious injury [Details](#)

☐ Egregious incident [Details](#)

[DCF memo 2010-01](#) [Act 78](#)

Death Date: 00/00/0000

Save Close

At Assessment

Assessment - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Assessment	Report
Name: Jones, Sally Assessment ID: 9222036 Status: Open	Response Time: Within 5 business days Date: 02/03/2012

Participants Basic Allegations Contacts **Results**

Assessment Results Result: Substantiated	Family RA Future A/N Abuse Score: 4 Neglect Score: -1 Risk Level: High	Safety Assessment Safety Decision: Unsafe
Disposition Case Opened- Non-CPS Services		Strengths and Needs Needs Level: Medium

Initial Face-to-Face Contact Information

Initial Face-to-Face Must Occur By: 02/10/2012 12:25 PM	CPS Report 9238179	Create Initial Face-to-Face Contact Note
Initial Face-to-Face Documented: 02/06/2012 01:00 PM	Case Note ID 9223452	

Options:

[Actions](#)
[Serious Incident Notification](#)
[Text](#)

100%

From Placement

Out of Home Placement - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Child
Child: Jones, Robert (9226176) Case Name: Jones, Sally (9222753) Request Number:

Service **Provider**

Provider Information
Name: [Lori Feracotta \(9221718\)](#) Contact:
Actual Name of Default/Historical Provider (if applicable):
C/O:
Street: 123 Testme St. Apt:
City: Madison State: WI Zip: 53701 Country:
Phone: Ext: Fax: Alt Phone: Alt Ext:
Email:

Payment Information
Parent Agency: [Lori Feracotta \(9221718\)](#)
Target Pop: CHIPS - Abuse and Neglect (NYA - 61) Details
☐ Override Parent Agency rule
Total Clothing Allowance Disbursed: \$0.00

School District Information
Provider's School District Code: Abbotsford - 0007

Kinship Care
Relationship of Child to Kinship Provider:

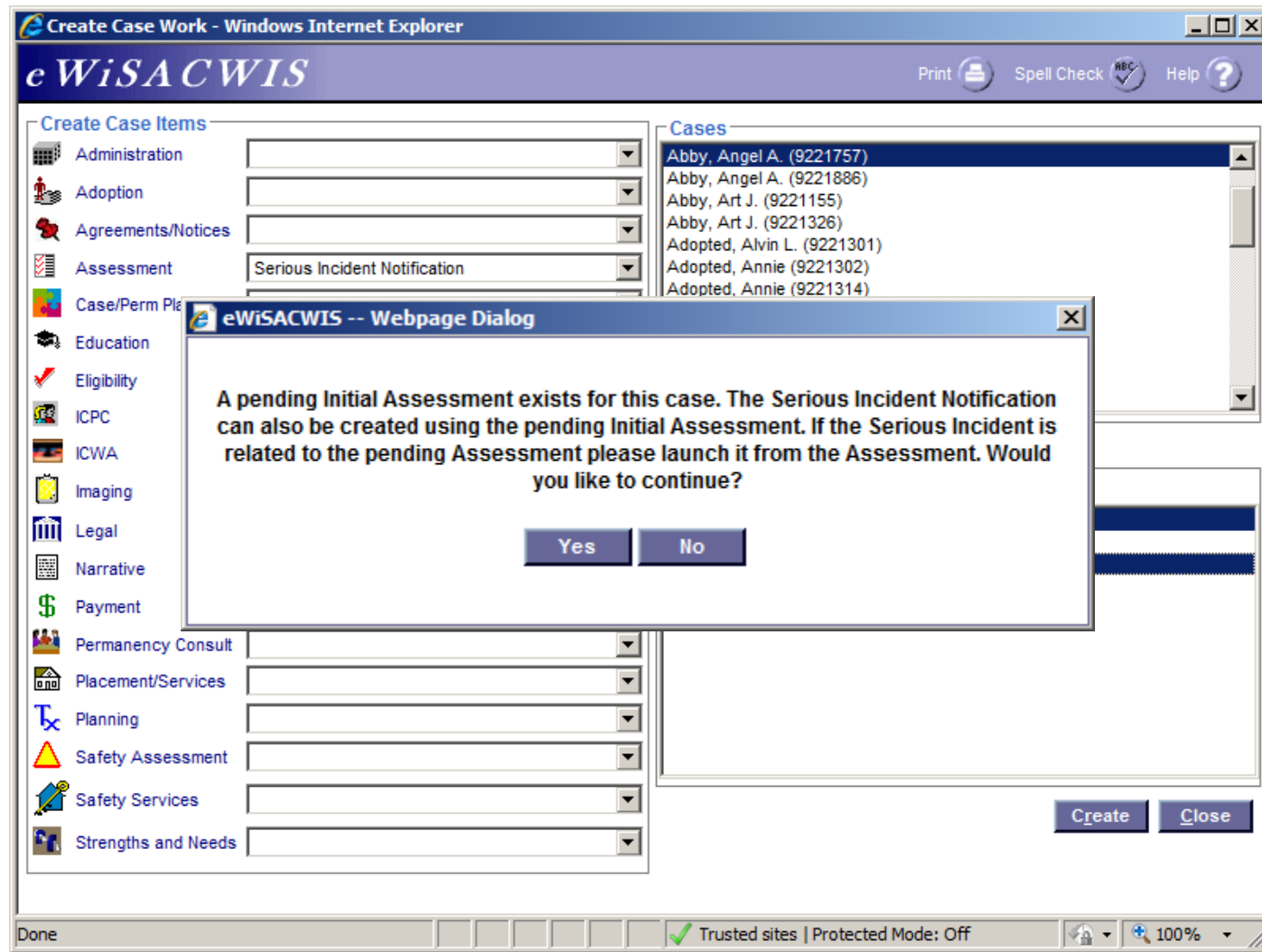
Split Payment

Options: Go Save Close

Actions
Suicide in Out of Home Care
Notices

100%

From Create Casework



Serious Incident Notification page

The page will be frozen and DCF notified by e-mail when the Send checkbox is checked.

Serious Incident Notification - Windows Internet Explorer

eWiSACWIS Print Spell Check Help

☐ Send Serious Incident Notification to DCF Date Sent: Sent By:

Information

Name - County or State Agency: Milwaukee

Name - Agency Contact Person:

Title: Phone: Ext:

Case Name (Last, First, MI): Jones, Sally Case ID: 9222753

Date of Incident: 00/00/0000 Number of Children Involved in This Incident: 2

Check all that apply: ☒ Death / Alleged Maltreatment ☐ Death / Alleged Suicide ☐ Serious Injury ☐ Egregious Incident

For "Serious Injury," did a physician confirm the child's condition as serious or critical? ☐ Yes ☐ No

Child Information

Name	Gender	DOB	Age	Race	Death Date
Jones, Mary	Female	02/25/2002	11	White	00/00/0000
Jones, Robert	Male	10/03/2012	1	White	00/00/0000

Check one to describe current case status at the time of the incident

☐ Open CPS case - child in OHC placement Type of out-of-home-care placement:

Save Close

100%

Serious Incident Notification page

DCF completes this section.

☒ Send Serious Incident Notification to DCF Date Sent: 10/18/2013 Sent By: Cake, Caitlin M.

Referrals made by the County agency (list all agencies receiving referral).


Describe...

[More...](#) [Less...](#) [Default](#)

Additional information (Optional).

Child Welfare System History

Child, family, or alleged maltreater is known to child welfare. ☒ Yes ☐ No

 **Serious Incident Verification**

Tracking Number: Verified By: Verified Date:

The DSP has reviewed this incident notification and finds that it does qualify as an incident of child death, serious injury, egregious incident or suspected suicide of a child in OHC placement under s. 48.981(7)(cr), Child Welfare Public Disclosure Act 78.

[More...](#) [Less...](#) [Default](#)

Save **Close**

90 Day Summary Report

The Primary Worker will receive an automated e-mail message when DCF verifies the serious incident.

The Primary worker will receive a tickler to complete in 60 days.

- The tickler is created when the DSP worker selects “Yes” to the serious incident qualifies question on the Serious Incident Notification page.
- The tickler is removed when the 90-day summary report is created via the Notices History page, the ‘Sent’ checkbox is selected, and the record is saved.
- The summary is due 60 days from the date the DSP worker selects “Yes” to the serious incident qualifies question on the Serious Incident Notification page. The tickler will prevent case closure.

An automated e-mail message will be sent to state staff when completed.

90 Day Summary Report

The report can only be accessed after DCF has verified the incident.

Serious Incident Notification - Windows Internet Explorer

eWiSACWIS Print Spell Check Help

☒ Send Serious Incident Notification to DCF Date Sent: 06/07/2013 Sent By: Cake, Caitlin M.

Referrals made by the County agency (list all agencies receiving referral).

Enter required text here...

[More...](#) [Less...](#) [Default](#)

Additional information (Optional).

Enter optional text here...

[More...](#) [Less...](#) [Default](#)

Child Welfare System History

Child, family, or alleged maltreater is known to child welfare. ☐ Yes ☒ No

Serious Incident Verification

Tracking Number: 123456 Verified By: Cake, Caitlin M. Verified Date: 06/07/2013

The DSP has reviewed this incident notification and finds that it does qualify as an incident of child death, serious injury, egregious incident or suspected suicide of a child in OHC placement under s. 48.981(7)(cr), Child Welfare Public Disclosure Act 78.

Text here...

[More...](#) [Less...](#) [Default](#)

Options:

Action

Done 90-Day Summary Report Local intranet | Protected Mode: Off 100%

Notices History page

Notices History -- Webpage Dialog

eWiSACWIS

TMPrintSpell CheckHelp

Case: [Oconomowoc, Mother \(9222162\)](#)
Document: 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

History

Document Created By :	Date Created	Sent		
Cake, Caitlin M.	06/07/2013		Edit	Delete

Edits/Views 90-Day Summary document

Insert

Save

Close

Complete Template...

90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

Reports submitted to the Division of Safety and Permanence (DSP) that do not include all of the required information will be returned to the agency for proper completion. Do not identify individuals by name when completing this report. Individuals may be referenced by relationship or position; e.g., mother, father, child, sibling, physician, detective, etc.

Case Tracking Number: 123456 Agency: Milwaukee

Child Information (at time of incident)

Age: 7 Gender: ☐ Female ☒ Male

Race or Ethnicity: White, Caucasian

Special Needs:



Date of Incident: 02/28/2012

Description of the incident, including the suspected cause of death, injury or egregious abuse or neglect:

Describe here...

Findings by agency, including maltreatment determination and material circumstances leading to incident:

☐ Yes ☐ No Criminal investigation pending or completed?

☐ Yes ☐ No Criminal charges filed? If yes, against whom?

Child's residence at the time of incident: ☐ In-home ☐ Out-of-home care placement

Complete the appropriate following section (A. or B. based on the child's residence at the time of the incident).

A. Children residing at home at the time of the incident:

Description of the child's family (includes household members, noncustodial parent and other children that have visitation with the child and / or in the child's family home):

☐ Yes ☐ No Statement of Services: Were services under ch. 48 or ch. 938 being provided to the child, any member of the child's family or alleged maltreater at the time of the incident, including any referrals received by the agency or reports being investigated at time of incident?

If "Yes", briefly describe the type of services, date(s) of last contact between agency and recipient(s) of those services, and the

If you are ready to send the report,
click the Sent checkbox.

Case: [Oconomowoc, Mother \(9222162\)](#)

Document: 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

History

Document Created By :	Date Created	Sent		
Cake, Caitlin M.	06/07/2013	<input type="checkbox"/>	Edit	

Going Forward

- Additional edits to ensure that the summary gets completed before the assessment is approved.
- The final 90 day summary completed by DCF will be added.